



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date: 1-25-2019
Volume:	II	Intake, Investigation and Response	
Chapter:	C	Initial Response	Revised Date: 5-3-2021
Subchapter:	2	General	
Issuance:	800	Plan of Safe Care for Infants Identified at Birth and Affected by Substance Use or Drug Withdrawal	

Purpose:

The issuance establishes policies and procedures to identify and plan for newborns affected by substance use or withdrawal symptoms.

Authority:

- [Keeping Children and Families Safe Act of 2003.](#)
- N.J.A.C. 3A:26-1.1
- N.J.A.C. 3A:26-1.1(c)
- N.J.A.C. 3A:26-1.2
- N.J.A.C. 3A:26-1.3(a)4

Policy:

A) Initiating Investigation

The CP&P Worker shall initiate the investigation or child welfare assessment prior to the child's discharge from the hospital and develop an initial service plan that includes the Worker's next contact with the parent(s). See Health Related Referrals, [CPP-II-B-1-900](#).

B) Substance Use Evaluation

Prior to completing the investigation or child welfare assessment, the CP&P Worker shall determine if substance use may be a presenting problem and may pose a risk to the safety and well-being of the child. If so, the Worker shall

engage the mother in completing a substance use evaluation, See Case Handling Protocol for Referrals of CP&P Clients to Substance Use Treatment Programs, [CPP-V-B-1-200](#). The child's father or household members in a caregiving role suspected of substance use may pose a risk to the safety and well-being of the child; therefore, the CP&P Worker shall ensure that he or she completes a substance use evaluation.

C) Conferencing Cases

CP&P Worker shall complete a multi-disciplinary case conference prior to concluding the investigation or child welfare assessment. The multi-disciplinary case conference shall strengthen families through engagement and teaming with early childhood and family support partners by decreasing risk factors and increasing protective factors.

D) Plan of Safe Care

1. All substance affected newborns referred shall have a Plan of Safe Care developed by Worker with the family. The Family Agreement shall include the services the infant and parent(s) are referred and supports that reduces the risk factors and increase protective factors (e.g., Substance Use Treatment, Social Services, Housing, Early Intervention Services, *Help Me Grow NJ (HMG NJ), Health Care, Home Visiting, Child Care, Parenting Support and Education, Family Success Centers, Parents Anonymous, and others identified by the parent(s) and the team.)
2. The Plan of Safe Care shall document the guidance the Worker shared with the parents regarding Safe Sleep, Car Seat Safety, what to do "When a Baby Cries," and safe storage of medications. The Plan of Safe Care also documents the resource, services and supports to ensure the safety, permanency, and well-being of the child, family, and resource parent(s), if applicable.

Procedures:

1. Coding of Substance Use - Affected Newborns

Reports of substance-affected newborns may be coded as Child Protective Service (CPS) or Child Welfare Assessment (CWS) referrals. State Central Registry, Child Abuse Hotline assigns the referral or report to the CP&P Local Office within the appropriate timeframe that corresponds with the coding depending on assessed priority.

2. Completing SDM Tools

The CP&P Worker completes Structured Decision Making (SDM) in accordance with policy [CPP-III-B-6-600](#), "Structured Decision Making" for calls coded as Child Protective Services and determines whether in-home services are offered to the family on a voluntary basis or in conjunction with a Safety Protection Plan.

If there is imminent danger to the child, or risk of injury or death if the child remains in the home, under the care of the parent, legal guardian or legal custodian, and that danger or risk cannot be alleviated by any resources currently available to CP&P or the family, the child shall be removed in accordance with policy [CPP-II-C-2-700](#), Removal of a Child.

3) Safe Sleep

The CP&P Worker ensures that the parent(s) were given information and understand the importance of “Safe Sleep” and can meet the requirements to ensure the infant has the necessary provisions to ensure the infant has appropriate sleeping arrangements.

4) Medical Collateral

CP&P Worker obtains medical collateral to assess the development of the infant and the need for follow-up health care services.

5) Closing Cases with Substance Use

- a) CP&P Worker ensures that the parent(s) complete substance use disorder treatment recommendations and have the resources and support he or she needs to implement a clear and concise recovery and relapse prevention plan.
- b) If the investigation is completed, and the family is not opened for services within CP&P (the family refuses to engage in voluntary services and there is not sufficient evidence for court involvement), the CP&P Worker ensures the parent(s) receives education on:
 1. The risks to young children when parents use substances,
 2. The services available for people seeking treatment and recovery support, and
 3. Safety planning for the child in periods of relapse.

See [CP&P III-C-8-300](#), Case Closure in Cases With Substance Use Disorder

6) Multi-Disciplinary Case Conference

Prior to completing the investigation or child welfare assessment, the CP&P Worker completes a multi-disciplinary case conference. The goal of the multi-disciplinary case conference is to strengthen families through engagement and teaming with early childhood and family support partners by decreasing risk factors and increasing protective factors.

a) Local Office Designee

- a. a) Establishes a standing conference schedule and notifies system partners to participate. Conference participants shall include:
 - i. A system partner who understands the developmental needs of infants and young children and has knowledge of the Early Childhood System of Care in New Jersey; e.g., Ideally an Early Childhood Liaison from the DCF Office of Early

Childhood, a Central Intake representative, and a Child Health Unit Nurse.

- ii. Assigned Intake Worker, Supervisor, and Casework Supervisor.
- iii. If case shall be transferred to Permanency, the Permanency Worker, Supervisor and Casework Supervisor.
- iv. Substance Use Disorder professional (CSPA, SAI, or parent's treatment provider).
- v. Clinical Consultant.
- vi. Domestic Violence Liaison, as needed.

b. Casework Supervisor

- i. Prior to the conference, review, and summarize the family history.
- ii. Present the following agenda:
 - 1. Introduction and Ground Rules.
 - 2. Family structure and history.
 - 3. Current situation and family's perspective: What do the parents say they most need? What are they motivated to do? Do they have any concerns about their current situation? Are they willing to work with others to benefit their family?
 - 4. Risks, Needs.
 - 5. Protective Factors, Strengths.
 - 6. Brainstorming Strategies, Responsibilities and Target Dates.
- iii. Establish ground rules.
- iv. Present the family structure and history.
- v. Facilitate the remaining discussion

c. Intake Worker

- i. Present the current situation and family's perspective.

d. Team

- i. Ask clarifying questions.
- ii. Identify risk factors and needs.
- iii. Identify protective factors and strengths.
- iv. Brainstorm strategies, responsibilities and target dates.

e. Intake Supervisor or Casework Supervisor

- i. Document the written summary of the team meeting in NJ Spirit under a Supervisory Contact Sheet; MDT Conference Note with a Plan of Safe Care activity.

7) Plan of Safe Care

After the multi-disciplinary case conference, the Intake Worker develops a Plan of Safe Care with the parent(s) and documents it in NJ SPIRIT within 30 days of the CPS or CWS report.

a) Intake Worker

- a. Share the recommendations of the multi-disciplinary case conference with the parent(s).
- b. Invite them to participate in a Family Team Meeting. [See III-B-V-500](#), Family Engagement. If the parent(s) decline a Family Team Meeting, meet with the parent(s) without a team.
- c. Develop a Plan of Safe Care. The Plans of Safe Care shall ensure:
 - i. The parent(s) or resource parent(s), if applicable, understand Safe Sleep, Car Seat Safety, When a Baby Cries, and Safe Storage of Medications.
 - ii. The newborn, parent(s), and resource parent(s), if applicable, are referred for services and supports that reduce risk factors and increase protective factors.
- d. When the investigation or child welfare assessment concludes there are no safety concerns or reasons for court involvement and the family declines further services from CP&P, the Plan of Safe Care is documented on a Closing Letter to the parent(s) and in the Substance Use Activity window.
- e. If the family is opened for in-home services or the child is removed from the care of biological parent(s), the Plan of Safe Care is documented on the Family Agreement and in the Substance Use Activity window.

Key Terms (Definitions):

- Substance-affected newborn means an infant:
 - Whose mother had a positive toxicology screen for a controlled substance or metabolite thereof during pregnancy or at the time of delivery;
 - Who has a positive toxicology screen for a controlled substance after birth that is reasonably attributable to maternal substance use during pregnancy;
 - Who displays the effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure; or
 - Who displays the effects of a fetal alcohol spectrum disorder (FASD).

Forms and Attachments:

- CP&P Form [26-25](#), CP&P Forms 26-25, Case Plan Family Agreement.
- CP&P Form [26-26](#), CP&P Forms 26-26, Case Plan Family Agreement (Developed with the Family without a Team)
- CP&P Form [22-22](#), Safety Assessment (In-Home Cases)
- CP&P Form [26-65](#), Closing Letter for Plans of Safe Care

Related Information:

- [CPP-II-B-1-900](#), Health Related Referrals
- [CPP-V-B-1-200](#), Case Handling Protocol for Referrals of CP&P Clients to Substance Abuse Treatment Programs
- [CPP-III-B-6-600](#), Structured Decision Making (SDM)
- [CPP-II-B-1-900](#), Health Related Referrals
- [CPP-VIII-G-1-100](#), Safe Sleep
- [CPP-III-B-5-500](#), Family Team Meeting
- [CPP-III-C-8-300](#), Case Closure in Cases with Substance Use Disorder (SUD) Issues

Related Information

- [Keeping Children and Families Safe Act of 2003](#).

Policy History:

- 5-3-2021
- 8-17-2020
- 1-25-2019